

**State of Nevada**  
**Board of Cosmetology**

1785 E. Sahara, #255  
Las Vegas, NV 89104  
Phone (702) 486-6542  
Fax (702) 369-8064



**State of Nevada**  
**Board of Cosmetology**

4600 Kietzke Lane Bldg K Suite 221  
Reno, NV 89502  
Phone (775) 688-1442  
Fax (775) 688-1441

**THIS IS A REQUEST FORM TO RECEIVE AN APPLICATION PACKET**

1. You must have a current license in good standing, in at least one State.
2. You must have the State you tested in prove you passed a Nationally Sponsored Written examination  
OR you must take the National examination in Nevada

TO RECEIVE AN APPLICATION PACKET with all necessary forms required, complete the attached form below and return it to the address listed above with a **MONEY ORDER OR CASHIER'S CHECK ONLY** in the amount of \$15.00 for your application fee. **PLEASE DO NOT SEND CASH IN THE MAIL** and **DO NOT SEND A PERSONAL CHECK FROM ANY STATE.**

**DO NOT SEND ANY DOCUMENTS AT THIS TIME!**

Cut or tear here



Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

State where licensed: \_\_\_\_\_ License number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ County \_\_\_\_\_

Type of license: Cosmetologist ☐ (Please check one only)  
Manicurist ☐  
Hair Designer ☐  
Aesthetician ☐  
Electrologist ☐  
Instructor ☐ (Must apply and receive a Nevada Cosmetologist first)  
Cosmetic Demonstrator ☐

Language: English ☐  
Spanish ☐  
Vietnamese ☐

**FOR OFFICE USE ONLY BELOW THIS LINE**

Paid \$ \_\_\_\_\_ How: \_\_\_\_\_ X- \_\_\_\_\_ Date Received \_\_\_\_\_